WEEKLY CLASS SCHEDULE
(B108810)

School District:_____

Student's name: _____   (circle one) Elem MS HS
Case manager's/Teacher's name: _____
Indicate ONLY Special Education, Related Services and Integrated Activities

TIME PERIODS	DAYS OF THE WEEK					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	*TOTAL*
Before School Services						
: to :						
: to :						
: to :						
: to :						
: to :						
LUNCH						
: to :						
: to :						
: to :						
: to :						
: to :						
After School Services						
TOTAL						

Total minutes in school day: _____
COMMENTS: _____
_____
_____